

# APPLICATION FOR EMPLOYMENT

## County of Franklin, Indiana *an Equal Opportunity Employer*

Please type in gray area for responses to all questions.

**The County of Franklin, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.**

*Any application not completed in its entirety will be disqualified.*

Position sought:

Last name: First name:

Middle initial: Former name(s):

Address: City/state/zip:

Phone: (      ) Are you at least 18 years of age? Yes: ☐ No: ☐

Applicants for Sheriff Department: Are you at least 21 years of age? Yes: ☐ No: ☐

Are you related to an individual currently employed by the County? Yes: ☐ No: ☐

If yes, please state individual's name:

Are you interested in: Full-time work? Yes ☐ No ☐

Part-time work? Yes ☐ No ☐

Temporary work? Yes ☐ No ☐

Date available to start work:

\*\*\*\*\*

### EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here ☐ and skip to **Previous employer** below.

! Current employer:

Address: City/state/zip:

Phone: (      ) Hire date: Job title:

Beginning salary per Current salary per

Supervisor: Title:

Work phone: (      )

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave?

May we contact your current employer? Yes: ☐ No: ☐ If no, please explain why:

! Previous employer:

Phone: (      )

Address:

City/state/zip:

Dates employed:                      -                      Job title:

Beginning salary:                      per:                      Ending salary:                      per:

Supervisor:                      Title:

Work phone: (      )

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: ☐ No: ☐ If no, please explain why:

! Previous employer:

Phone: (      )

Address:

City/state/zip:

Dates employed:                      -                      Job title:

Beginning salary:                      per:                      Ending salary:                      per:

Supervisor:                      Title:

Work phone: (      )

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: ☐ No: ☐ If no, please explain why:

! Previous employer:

Phone: (       )

Address:

City/state/zip:

Dates employed:       -       Job title:

Beginning salary:       per:       Ending salary:       per:

Supervisor:       Title:

Work phone: (       )

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: ☐ No: ☐ If no, please explain why:

*Λ If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From:       to       Reason:

From:       to       Reason:

\*\*\*\*\*

## EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended *Attach additional pages as needed.*

Name:

Address: City/state/zip:

Diploma? Yes ☐ No ☐ GED? Yes ☐ No ☐

Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability):*

College(s) or Trade School(s) attended *Attach additional pages as needed.*

Name:

Dates attended: to

Address: City/state/zip:

Degree(s):

Major/minor course(s) of study:

! Name:

Dates attended: to

Address: City/state/zip:

Degree(s):

Major/minor course(s) of study:

! Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability):*

! Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

\*\*\*\*\*

### MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here ☐ and skip to the next section.

Military Branch      Dates of Service      Highest Rank Attained      Rank at Separation

Type of Discharge:

Citations/awards received:

\*\*\*\*\*

### PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training:

Professional/special license(s) or certificate(s):

State      Issued By      Date Issued      Expiration      Type      License #

Have you had any license suspended, revoked or terminated? Yes ☐ No ☐ If yes, explain:

\*\*\*\*\*

### PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name      Address      Phone      Offices/Positions

!Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. *(You may exclude any which indicate race, color, religion, gender, age, national origin or disability):*

\*\*\*\*\*

### PERSONAL INFORMATION

! Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes ☐ No ☐ If yes, please explain:

! Have you ever been convicted of a felony that has not been expunged or sealed?  
Yes ☐ No ☐ If yes, please explain:

! Do you have an arrest record that has not been expunged or sealed? Yes ☐ No ☐  
If yes, please explain:

! Are you currently required to register as a sex offender in this or any other jurisdiction?  
Yes ☐ No ☐ If yes, please explain (including jurisdiction of registry):

List three references who are not related to you and are not former employers or supervisors:

N Name: Phone:

Address:

City/state/zip:

Number of years known:

N Name: Phone:

Address:

City/state/zip:

Number of years known:

N Name: Phone:

Address:

City/state/zip:

Number of years known:

\*\*\*\*\*

### APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

Initials:

! I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials:

! I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials:

! I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials:

! I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials:

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's signature:

Date

*The following sections to be completed by Sheriff Department applicants only:*

! I understand that the employer provides sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff Department, I may be required to work evening shifts or night shifts, including weekends.

Initials:

! I understand that if I am hired as a sworn officer on the Sheriff Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: